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STI-pathogens as predisposing factors for acquisition and transmission of HIV

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Background: STIs associated with hepatitis B and C, genital warts and herpes, *T. vaginalis* infections of *Chlamydia trachomatis*, *Nessieria gonorrhoeae* and even candidiasis enhance the acquisition and transmission of HIV. This has implication for early diagnosis and intensifying public health surveillance as well as planning control programmes.

Methods & Materials: Here, we collected urine and vagina swabs using sterile universal bottles and Evapon swab sticks respectively from 100 females of which 34 were HIV-positive and 66 HIV-negative. The samples were screened for the presence of *Trichomonas vaginalis*, *Candida albicans*, pus cells and bacterial vaginosis.

Results: Twelve percent of HIV-positive patients were infected with *T. vaginalis*, 77% with *C. albicans*, 68% with bacterial vaginosis and 35% with pus cells (indicates the presence of cervical infections). Only 2% of the HIV-negative patients were infected with *T. vaginalis* 20% with *C. albicans*, 40% with bacterial vaginosis and 5% with pus cells. The statistical analysis showed a significant difference in the infection rates between HIV infected and non-infected patients ($p < 0.05$).

Conclusion: Since STIs are not only associated with their own morbidity, but also facilitate sexual transmission and infectivity of HIV, there is therefore the need for aggressive prevention, testing and treatment of STIs in order to reduce acquisition and transmission of HIV.

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Antiretroviral induced adverse drug reactions in HIV infected patients in Mali: A resource-limited setting

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Background: To our knowledge, there is a rare report regarding antiretroviral induced adverse drug reactions (ADRs) in Malian patients who were infected with the human immunodeficiency virus (HIV). We have evaluated the frequency of antiretroviral therapy (ART) induced ADRs in this population and have assessed some risk factors of these reactions.

Methods & Materials: This is a prospective cohort study that was performed in the Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome Research Center (The CESAC) of Mali during years 2010–2011. Adults patients, who were infected with HIV and newly started on ART, were included in this study and by laboratory and clinical follow-up was performed for at least 6 months to detect the occurrence of any ADR. Naranjo's scale of classification has been used to characterize the side effects.

Results: During this study 94.6% of patients showed at least one ADR and 5.3% at least two ADRs. Prevalence of ADRs based on affected organ was 3.1% gastrointestinal (GI), 15.4% hematological, 45.9% neurological, 10.6% cutaneous, 1.4% hepatic, and 20.4% metabolic adverse effects. Adverse events were highly probable according to the Naranjo score (83.7%). The use of Zidovudine and Stavudine was observed as risk factors for anaemia, and peripheral neuropathy, and lipodystrophy, respectively, while nevirapine and female gender were identified as risk factors for skin reactions, lipohypertrophy by bivariate logistic regression.

Conclusion: Side effects were frequently encountered in our study. The nature of these adverse events was mostly peripheral neuropathy, lipoatrophy, lipodystrophy, and anemia. The link between the use of antiretroviral drugs and adverse events was highly probable according to the Naranjo probability scale. We recommend an active clinical and laboratory monitoring of antiretroviral therapy to strengthen pharmacovigilance in Mali.

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